

**2014 APPLICATION FORM
COMMERCIAL USE AUTHORIZATION
U.S. DEPARTMENT OF THE INTERIOR**



**National Park Service
Death Valley National Park
Attention: Concessions Management Specialist
P.O. Box 579
Death Valley, CA 92328
760-786-3241**

IMPORTANT: *Before completing this application, please refer to the Application Instructions to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact us at the number above.*

Please submit your application fee of \$210.00 with this application.

Please type or print in ink. Answer all questions completely or mark "N/A" if not applicable

(1) Service for which you are applying (See list of approved services in the attached instructions)

(2) Applicant (Legal Business Name)

(3) Authorized Agents (Owners and any on-site person authorized to manage the operation)

(4) What is your Business Type (Please check one below):

☐ Sole Proprietor

☐ Corporation: (State: _____ Entity Number _____)

☐ Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

☐ Partnership or Association. *Print the names of each partner. If there are more than two partners, please attach a complete list of their names.*

(Name _____)

(Name _____)

☐ Other (Specify) _____

(5) Mailing Address:

PRIMARY CONTACT INFO (Dates at this address _____)

Address: _____

City, State, Zip: _____

Email: _____

Internet: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

ALTERNATE CONTACT INFO (Dates at this address _____)

If same as "Primary Contact Info", check here ☐ and go to number 6.

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

(6) **State Business License Number:** _____ **Expiration Date** _____

(7) **Employer's Identification Number (EIN) or Social Security Number (SSN):** The 1996 Debt Collection Act requires the collection of an EIN or SSN to be used as needed to collect debts.

(8) Insurance

The CUA operator is required to maintain General Liability insurance naming the United States of America, Death Valley National Park as an **additional insured**. Minimum coverage amount is \$1,000,000 per occurrence. Auto Liability insurance is also required at a minimum coverage amounts described below.

Number of Passengers	Minimum per Occurrence Liability Limits
Single Purpose Activities (includes day and overnight hiking, photography and art classes, bicycling, and group camping.)	\$300,000
Up to 5 passengers	\$300,000
6 to 12 passengers	\$500,000
13 to 20 passengers	\$750,000
Over 21 passengers	\$1,500,000

MAKE OF VEHICLE	MODEL	YEAR	MAX # PASSENGERS	OWN	LEASE

(9) (a) Are you employed with the National Park Service? ☐ Yes ☐ No.

If yes, please complete below:

Title _____

Park / Office where employed _____

(b) Do you have a spouse or minor children employed with the National Park Service? ☐ Yes ☐ No

If yes, please complete below:

Title _____

Park / Office where employed _____

10) Currently or within the **past 5 years**, have you or any individual serving as an officer, principal, partner or employee with this business entity, **been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation?** Are you, your company, or any current or proposed employees now under investigation for any violations of state, federal, or local law or regulation? ☐ Yes ☐ No (See instructions.)

If "yes", please give a description of each violation. Attach additional sheets if necessary.

Date of Violation: _____

Was this a conviction? _____ Was Collateral forfeited? _____

Name of Business or person(s) _____

Place of Violation? _____

Court Name _____

Provide Details _____

(Results) Action Taken by Court _____

11) **Signature:** False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information provided will be considered in reviewing this application. Authorized Agents must attach proof of authorization to sign below.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

Signature

Date

Printed Name

Title